2:16-cv-03174-DCN Date Filed 04/13/17 Entry Number 16-3 Page 1 of 1

2:16-cv-03174-DCN Date Filed 04/12/17 Entry Number 15-3 Page 57 of 71

PROGRESSIVE"

Call his anytime at 1-888-438-0867 / E-mail us

Your Rate - Billing Information -

Additional Information

Sign Your Poicy Forms



Uninsured/Underinsured Motorist

Please read and sign below by entering your name in the boxes provided.



Your state may require insurance documents to be displayed in a particular font size. To ensure this document is displayed at the correct font for your state, make sure your Adobe view size is 100%, and your browser resolution is 800x600. If you print the document, it will print in the appropriate font.



SHAME STOR BE

Offer of additional aninsered motorist coverage and optional underinsured motorist coverage

I. Explanation of coverages

Muca vehicle liability manager overlage maga ones motor wor do drivers and their personage, be demanged anread by you and long to property and the which you are long to property and the which you are long to property do not you grow the control of the property do not you go the control of the property do not you go the control of the property do not you go the control of the property do not you go the control of the property do not you go the property of the

Under Soon Carolina law, an instruction company may reflect to write your motor while disposity insurance for a number of teachs. If an incurance company dedices to write your motor while is billity incurance coverage, however, in must provide at least \$25,000 of bodily injury coverage for each description may injure in any single accident and \$50,000 of podily injury coverage for two or more couple whom you may injure in any single accident. The insurance company must also provide as least \$25,000 in process, 300 or 23,500 or 23,

I represent that I am the person whose name appears on the signature line of the document presented above, and that I viewed the riccument at the recommended browser resolution and Adobe view size. I acknowledge and agree to the statements, terms and conditions in the document above, and that by typing my name below and clicking "Buy Now", I am electronically signing the document, which will have the same legal effect as the execution of the document by a written signature and shall be valid evidence of my intent and agreement to be bound.

I understand that if I do not electronically sign each document presented during this online session, the application will not be effective and no insurance coverage will result.

Please type your name below (exactly as it is displayed beneath each form field):

SHAWN F MOULTRIE

Any attempt to alter this screen or the terms of the document above will not be accepted. Once you electronically sign each form presented to you and complete the purchase, your application will be processed and securely stored as it was presented by us, accompanied by your electronic signature.

You will have the opportunity to print a copy of this document once you have completed your purchase.

